

DATE: 06 07 17

STATE OF MARYLAND
DEPARTMENT OF HUMAN RESOURCES
APPLICATION PART 1:
ASSISTANCE REQUEST FORM

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DISTRICT OFFICE: ROCKVILLE OFFICE

WORKER NAME: CARTER

If eligible, benefits must be provided from the date you sign this Assistance Request Form. You may get food stamps right away if you meet one of the following conditions:

- * Your household's monthly rent/mortgage and utilities are more than your household's monthly income.
- * Your household's gross monthly income is less than \$150, or your resources, such as cash or checking/savings accounts, are \$100 or less.
- * Your household is a migrant or seasonal farmworker household.

If you qualify to get Food Stamps right away, we must take action on your application within seven(7) days from the date you sign this Assistance Request.

NAME: JAMES

SMITH

APPL DATE: 10 19 42

I am applying for:

PROGRAMS	MEDICAL COVERAGE GROUPS	AU ID
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EMERGENCY ASSISTANCE		380012295

RESIDENTIAL ADDRESS:
DOUBLE 11
LINTHICUM MD 21090

MAILING ADDRESS:
DOUBLE 11
LINTHICUM MD 21090

PHONE:

PERSONS INCLUDED IN YOUR ASSISTANCE REQUEST

JAMES

SMITH

CLIENT ID: 410009372

SOCIAL SECURITY NUMBER(S): 222 33 9999

DATE OF BIRTH? 08 03 1992 SEX? M RACE? ASIAN

RELATIONSHIP TO HEAD OF HOUSEHOLD? HOH/SELF

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REPORTED HOUSEHOLD INCOME AND ASSETS:

EARNED: 0.00 UNEARNED: 0.00 ASSETS: 0.00 SHELTER: 0.00

SIGNATURE _____ DATE _____

POTENTIALLY ELIGIBLE FOR EXPEDITED FOOD STAMPS: N